## H89556

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Miller Bros Grant Tire Name of Con	Service - Jackson ville, Inc.
DOCUMENT NUMBER: H 89.554	
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Y. M. Miller- Name of Contr	act Person
Miller Bros Glanger Firm/Con	HTIP Service-Jacksonville, Inc
Po Box 34	ess 7
Irmo 50 Eity/State and	29063 1 Zip Code
E-mail address: (to be used for fu	bats com turbannual report notification)
For further information concerning this matter, please ca	all:
Y. M. M. LET  Name of Contact Person	at ( <u>803) 781-889</u> Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of the D	nent of State.
Mailing Address:	Street Address:
Division of Corporations  Amendment Section  Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
Callaha KL 32 Dr	Tallahassee, FL 32301

CR2E04 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Miller Bros. Giant Tire Service - Jackson ville IN
2. The principal office address: 11608 Columbia Park Drive West
Jacksunville, Florida 32258
3. The mailing address (if different): PD BOY-3667
Irmu, SC 29063
4. Date of incorporation/qualification: 12/12/85 Document number: +189.556
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Henry R. Miller
Henry R. Miller  4407 Golf Ridge Drive  3
EIKton Florida 32033
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Bobby Gene Morrow, Ir
P.O. Box NOT acceptable
Palm Coast, Florida 32137
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director  YM MILLER - PRESIDENT Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been not fied in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*